

DOCUMENT RESUME

ED 177 404

CG 013 831

AUTHOR Kerr, Kathleen B.
TITLE Viewing Aging Issues From a Family Theory and Therapy Perspective.
PUB DATE 20 Nov 78
NOTE 14p.; Paper presented at the Conference of the Gerontological Society (30th, San Francisco, California, November, 1978)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Age; *Extended Family; *Family Relationship; *Family Structure; Gerontology; *Older Adults; *Systems Approach
IDENTIFIERS *Bowen Family Systems Theory

ABSTRACT

When applied to older persons, basic concepts of Bowen Family Systems Theory, the most well developed theory emerging from the family movement in psychiatry, focus on the family systems of older people rather than on the problems of the aged. This Bowen focus on the value of intergenerational contact and continuity leads naturally to seeing the aged as assets rather than liabilities, as repositories of family history and links to the past. Clinical observations consistently find the healthiest families maintain calm, open emotional contact with past generations, although they also observe emotional cutoffs with older family members, despite frequent physical contact, and the repetition and intensification of such cutoffs through the generations. The general implication of a family systems view is that it is impossible to understand behavior of older persons without examining the family system surrounding them. Thus, clinical effort focusses on helping people bridge cutoffs with their extended family. (Author)

* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *

Viewing Aging Issues

from a Family Theory and Therapy Perspective

Kathleen B. Kerr, M.S.N., M.A.

"PERMISSION TO REPRODUCE THIS
MATERIAL HAS BEEN GRANTED BY

Kathleen Kerr

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)."

ED177404

In this paper I will present to you a way of thinking about issues in aging that I have found quite valuable in research work, clinical practice, and my own life. Although not an expert in gerontology, I am well experienced in Family Theory and Therapy and it is from that vantage point that I will speak. Specifically, my observations grow from Bowen Family Systems Theory as developed by Doctor Murray Bowen over a twenty-five year period of clinical research and practice.¹ Dr. Bowen is one of the founding fathers of the family movement in psychiatry. This movement sprang forth in the 1950's, as researchers in schizophrenia at key centers around the country independently observed the inseparability of the behavior of the symptomatic one from the network of family relationships and emotional processes. Later these observations were seen to hold true in families with less intense problems although they were less obvious. When the assumption was made that the patterns and processes observed were constants and that only the intensity varied, the family movement stepped toward general theory. Family theory offers a way of conceptualizing the human phenomenon that is different from traditional individual theory. Dr. Bowen's research and theoretical development have always been on the cutting edge of the family movement.

CG013831

My interest in aging was piqued when I observed the relation between family process and symptoms of senility in clinical practice. Such observations made sense from a Bowen Family Systems Theory perspective and I went on to look at other issues in aging in light of this perspective. I think Bowen Theory has a real contribution to make toward understanding the emotional processes surrounding aging. Bowen Theory views individuals in the context of their family systems and sees their feelings and behavior as inseparable from the family emotio-

* presented at Annual Gerontological Society scientific meeting, November 20, 1978.
Dallas, Texas.

nal process. General research in the field of aging has long since disproved the notion that many older people have no families nearby,² and long-term clinical experience has demonstrated the effectiveness of Bowen Theory's multi-generational systems perspective. In emphasizing the family system, the theory focuses on three main variables which affect everyone's functioning, but which have an "extra twist" in older people: (1) anxiety, (2) level of differentiation of self, and (3) degree of emotional cut-off. All three variables will be mentioned but my discussion will focus primarily on cut-off.

(1) Anxiety is not the same as stress, but is defined as the organism's response to stress. Individuals can be greatly stressed and not anxious and conversely be mildly stressed and tremendously anxious. Most people are not really aware of when they are anxious or what their characteristic behaviors are when anxious. More often than not, they respond to the manifestations of anxiety in others without identifying the others as anxious. Anxiety by itself can generate symptoms of dysfunction. In addition, the things people do to handle their anxiety can also generate symptoms. This occurs when the usual mechanisms for handling anxiety fail and, as a result, people do more of the same, driving themselves and those around them to extremes. For example, put a couple together and give them a large dose of stress. The husband characteristically handles his resulting anxiety by withdrawing, getting time for himself, and introspectively mulling things over. He characteristically moves away from others when anxious. The wife characteristically manages her increased anxiety by talking things over, consulting with others and eliciting their advice. She moves into more contact with others when anxious. Put these two people together, increase the anxiety, have them respond typically for themselves and a potential vicious cycle is set up. The more the wife moves in, the more the husband distances and vice versa. Each is driving the other to extremes of their usual

patterns.

(2) Level of differentiation of self is a variable used to describe varying levels of human adaptability on a continuum. It refers to the degree to which a person defines self from within self, versus the degree to which self is dictated by the emotional forces surrounding him. The degree to which people fuse into the environment around them and are defined by that environment is the degree to which they are undifferentiated. Individuals are undifferentiated to the degree to which it is predictable that whenever the system is in state X they will always do behavior Y, whether the behavior exhibited is the same as or opposite of the system's expectations. It is the degree to which a person's behavior can be predicted by knowing the state of the system that is important in estimating level of differentiation, not whether the behavior is conforming to or opposing the dictates of the system.

An illustration of the opposing phenomenon occurred during a conversation of nine year olds. One member of the group was asking the other children their political affiliation and how they would vote, if allowed to, in an upcoming election. Intrigued with such a topic of interest in a nine year old, I asked the questioner what her political affiliation was. "Republican," she replied firmly. I then asked her how she had arrived at this affiliation. "Easy," she said. "My parents are Democrats, and I wanted to be an independent thinker, so I am the opposite, a Republican." Now much can be made of a brief incident, but in reality this girl's life course so far has been significantly directed towards being the opposite of her parents and this was but one example of such behavior.

Another way of conceptualizing level of differentiation is the degree to which an individual is responsible for self. Most of us are well aware of under-responsibility in others and are used to equating it with irresponsibility. However, it is far more difficult to shift the focus to self and identify the many

areas in which we shirk our realistic responsibilities and allow things to go undone or others to take over for us. Additionally, most of us are not used to thinking of overresponsibility as being irresponsible also. And yet if an individual moves in and assumes responsibility for something that by all rights belongs to the other, is this not irresponsible? For in so doing does he not rob the other of the opportunity to grapple with his life's responsibilities and to possibly grow and mature in that process?

At higher levels of differentiation people are able to be more separate self-determined selves and to maintain their separateness under fair degrees of anxiety. Such people lead more organized and functional lives. They are in active responsible control of their lives and are able to allow others to manage their own responsibilities. They are able to think for themselves and are not compelled to be the same as or the opposite of those around them. Seemingly paradoxically, higher levels of differentiation also permit individuals to enjoy greater levels of intimacy with others.

At lower levels of differentiation people require large inputs from the environment to function. Their functioning can fluctuate widely depending on their emotional environment. Such people have more or all of life's problems and are more likely to be focused on as a liability to society.

Level of differentiation is very difficult to ascertain accurately. There is a difference between the relatively fixed basic level of differentiation and the fluctuating functional level of differentiation. Functional levels of differentiation vary as self is borrowed and lent in the context of relationships. Accurate assessments of level of differentiation are not made on a cross sectional basis then, but rather require longitudinal data on the life course of individuals and preferably on their descendents also. To measure the relative levels of differentiation of any two individuals it would be more accurate to compare

the functioning and life courses of their great grandchildren than to compare what they feel and say today.

(3) Emotional cut-off - most people emerge from their families with the same level of differentiation of self as their parents. Another way to define undifferentiation is as the degree of unresolved emotional attachment to one's parents. Such emotional attachment is the degree to which self is defined by being the same as or the opposite of one's parents. All people have some level of attachment to parents and deal with it by emotionally cutting off and proclaiming themselves less attached than they are. Such a pretense can only be maintained by staying emotionally distant enough so the old emotional forces are not activated. Parents go through the same processes with their children. A common situation is the parent who felt compelled to be overresponsibly involved with his own parents and who lost much self in the process. Such people often then hold their own children at arms length to avoid "being a burden on them."

To be emotionally cut off is to put emotional distance between self and the other persons in order to feel less affected by your reactions to them. This attempt to shore up self has several complications. The usual pattern is for people to cut off from their "awful" parents and reinvest energy in their spouse and children. Problems arise in these relationships relative to their being the crucial base of their emotional stability. Children, in turn, generally react to this emotional intensity directed at them by doing an equal or greater cutoff. A frequent corollary of this process is the parental generation trying to use their children as a bridge over the gap between them and their parents. They urge the grandparents and grandchildren together and try to "scoot out the back door." Such grandparent-grandchild relationships are then overinvested with intensity and generally become either overly romanticized or overly negative.

Emotional cutoff involves the use of both physical and internal mechanisms. Physical use of distance to maintain separateness is typical and self explanatory. People live at a distance from their parents and maintain duty contact which is ritualistic and superficial. It is important to note that geographical distance alone does not preclude in "person-to-person" relating. Many people maintain responsible intimate relationships with their relatives despite geographical distance. On the other hand, with the use of internal mechanisms, people can live near or even with family members and still be emotionally cutoff from them. Such mechanisms involve all the "tricks of the trade" used while with someone to attempt to shore up self and not be swayed by the other's emotional impact on self. Pulling down the invisible shield by tuning out the other is one example of such a process. Other examples of internal mechanisms include constant focusing on things outside the relationship and its participants, distancing its activity, and avoiding sensitive areas of conversation.

Emotional cutoff is the opposite of person to person relating in which an open relationship exists and both parties can calmly convey to the other whatever thoughts or feelings he wishes. This is not to imply that a relationship where the parties are under pressure to always tell the other everything is an open relationship. On the other hand, if person to person relating never takes place it is operationally seen as non-existent. Person to person relating is characterized by the person having the option of saying or not saying whatever he wants whether he exercises the option or not. Such relating is also characterized by calmness, humor, playfulness, and flexibility. When cutoff exists to a significant degree you cannot truly know the other and realistically assess their strengths and weaknesses. The tendency is to overly idealize or overly criticize them. In addition, it is difficult for people to be mutually supportive when cutoff is significant.

These three main variables, then, are seen as affecting functioning in all individuals. They do not operate in isolation, as they have been presented above, but are interacting. Individuals and families with lower levels of differentiation are more likely to react to stress with acute anxiety, to manifest symptoms of anxiety and to settle into states of chronic anxiety and dysfunction. At the lowest levels of differentiation chronic anxiety and its related symptoms are always present. Individuals and families at higher levels of differentiation can tolerate greater levels of stress before becoming anxious and exhibiting symptoms. They are more likely to handle stress without being immobilized by anxiety and to have only temporary periods of related dysfunction. Families and individuals who are more cutoff are more susceptible to the effects of stress and anxiety. When the family is isolated from important relationships it operates like a pressure cooker. It takes much smaller doses of anxiety to blow off the lid. In contrast, even lower level families can often sustain significant inputs or anxiety stimuli if their extended family relations are open and viable. Such families then are able to diffuse the anxiety and to draw on the support of extended family members. In understanding the variability of functioning, then, all three main variables are factored into the equation simultaneously.

What are some of the particular twists these variables have when they are associated with the processes of aging? Older people are susceptible to many real anxiety inputs relative to retirement, death of spouses and other supportive people, their own decreasing physical capabilities, and impending death. Older people are in a more vulnerable position to be buffeted about by anxiety. In addition, anxious individuals, families, and groups may manage their anxiety by focusing on weakness in others and "helping them," thereby feeling and acting

stronger. Individual older people like children are often in a position ripe for being scapegoated. In fact, despite the real gains in gerontology over time, I question whether the recent almost faddish focus on the "problems of the elderly" isn't the same process on a societal level.

Level of differentiation comes into play with a new twist in old age, too. Most older people who are presented as problems for society are operating at lower levels of differentiation. As mentioned earlier, functioning and the orderliness and productivity of the life course correlates with level of differentiation. At higher levels of differentiation older persons remain functioning, productive members of their families and their communities until they die. Their dysfunctions are handled and managed without major disruption and they remain in active control of their own lives. At lower levels of differentiation older persons are more likely to manifest all varietes of chronic dysfunction, to be regarded as problems by others, to be focused on by others, and to lose control of the direction of their lives. Such patterns of behavior are life long and not peculiar to the older years. Another way of saying this is that problem oldsters are most often once problem youngsters.

The difference between functional and basic levels of self become important here. During aging, as many of a person's support systems become less available, real solid self or lack of it becomes more visible. Then it is easier to see what proportion of an individual's functioning is based on his own sense of direction and what proportion is based on inputs from spouses, bosses, friends, and others. For example, many obituaries tell stories of a person dying shortly after retirement or the death of a spouse. These are people who often appear quite functional, but whose functioning was to a great extent dependent on others.

Emotional cutoff and level of differentiation are closely entwined. The intensity of emotional cutoff is related to the degree of undifferentiation. Most people do not realize how cutoff they are. For example, it is not unusual

for people to report, after years of work on self in their family system, that they are just beginning to realize the extent of the cutoffs in their important relationships. I am working on a research project which attempts to measure the degree of cutoff and overall functioning in older people and to demonstrate the relationship between them. I do not have enough data to report on, but will say that nothing so far contradicts the hypothesis. Clinical evidence has consistently shown that the healthiest families are those in which there is significant, calm emotional contact between the generations. Such families have fewer problems and greater adaptability and flexibility in dealing with the problems they do have. It is important to mention the Bowen Theory does not distinguish between physical, social and emotional problems. All are simply seen as dysfunctions. Thus, for example, senility is seen as related more to lower levels of differentiation, severe emotional cutoff, and high family anxiety than to clogged cerebral arteries.

What are the practical implications of such observations and thinking? For over ten years, Bowen Theory and Therapy have significantly focused on the resolution of attachments to extended family as the most reliable route to maturity. This orientation has directed attention toward the previous generations in the family with two therapeutic goals. The first goal has been to help people re-establish emotional contact with previous generations. This in itself is a difficult task, going against the tendencies of both generations to cutoff from each other. To be successful, such an effort requires realistic recognition of the part self plays in perpetuating the cutoff. A successful effort to re-establish emotional contact can itself produce symptom relief. This occurs as the present generation moves from being a closed pressure cooker to being a more open system. The second goal of efforts with extended family, once emotional contact is re-established, is working towards defining a self more clearly in the relationships. The work and steps

involved in such an effort have been described elsewhere.³ If such an effort is successful it has rewards for all generations. This therapeutic focus goes against societal trends to increasingly segregate older people and focus on their problems.

In summary then, the following are some of the major points presented. First, as family members or as professionals we often manage our own anxiety by moving to do something about the situation, to fix it, in an effort to decrease our own uptightness and feeling of helplessness, and without understanding the problem. In so doing we rob older persons and families of the opportunity for self-determination and grappling with important life issues. On a societal level there has been an increase in planning and caring for the elderly by outside agencies, frequently based on the assumption that families cannot and will not do it, therefore others such as government and voluntary agencies must. The cost to the taxpayer in assuming the responsibility for the case of the elderly has mushroomed. This occurs especially when the programs designed further the trends toward isolation of the elderly and abdication of family's responsibility for their aged. A major question in this process is how far is society willing to go in assuming responsibility for the aged and at what expense?

Second, if indeed healthier families have open calm contact between the generations, then older family members are seen as a resource and source of stability to families. It is possible to focus on the strengths of older people and to see a different side of them. They are a great potential resource of experience and history, especially family history. They are our anchor to the past, without which we tend to drift.

Third, the problems of the elderly are not out there, apart from all of us. We all carry a piece of the problem with us to the degree that we are fused with our older relatives and that we cutoff from them to deal with

this attachment. Emotional cutoff is a natural mechanism for dealing with unresolved attachments but has attending consequences. The most common consequence is the repetition and probable intensification of the process with future generations. Therapeutic principles and techniques have been developed to aid those motivated to attempt bridging the cutoffs with older relatives.

Fourth, in general, it is my observation that it is not the reality problems of helping older people that do in their relatives. What gets in the way of people responsibly helping their older relatives is the degree to which they are fused with their parents. To that degree they will feel responsible for making their parents happy and will consequently see their parents as an overwhelming burden. This burden creates emotional roadblocks to being useful to their relatives. In caring for an aging parent, all the troublesome emotional attachment we have kidded ourselves that we have "dealt with" is revived. Additionally when children are significantly attached to their parents they stretch self all out of shape in the attempt to meet the older person's demands and are thus unable to define self in relation to the older person. They cannot define the limits beyond which they will not go. If such erosion of self continues long enough, the children frequently will revolt, retreat, or extrude the older person. Often people are allergic enough to the possibilities of such de-selfing that they never try helping the older person.

It is possible for more families to care for dysfunctional older members when help is available for dealing with emotional as well as reality issues. With the focus on defining oneself in an open relationship, it is possible to relate to older relatives without losing yourself in the process. At Georgetown Family Center, we consult with family members on their efforts to be useful to older relatives and find that with a Bowen Theory orientation

it is possible to help interested people to get through the emotional obstacles they face.

Finally, the most effective professional addresses the attendant issues in his own family and works toward better resolution there. For a healthier, more stable, more adaptive family, work toward bridging the cutoffs and resolving the emotional issues with the previous generations in your own family.

References

1. Bowen, Murray. Family Theory in Clinical Practice. New York: Jason Aronson, 1978.
2. For major research in this area see the work of Shanas, Sussman, and Townsend, especially as collected in the classic work Social Structure and the Family: Generational Relations. New York: Prentice Hall, 1965, edited by Shanas and Streib.
3. Meyer, Patricia. "The Process of Defining a Self." (unpublished)